

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 239298US2
		First Inventor or Application Identifier Hiroyuki IIDA, et al.
		Title PAIRING APPARATUS, METHOD, AND PROGRAM
		Assignee Name: Assignee Address:

17513 U.S. PRO 1000350
1000350 06/23/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification	Total Sheets 43	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets 10	8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages 2	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original)		10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (3)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>
a. <input type="checkbox"/> Computer Readable Form (CRF)		15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i>
b. Specification or Sequence Listing on :		16. <input checked="" type="checkbox"/> Other: Request for Priority, Statement of Relevancy
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)

of application Serial No. Filed on

Which was published in English

Which was not published in English

This application claims priority of provisional application Serial No.

Filed

19. CORRESPONDENCE ADDRESS



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06/23/03
18334 U.S. PTO

Docket No. 239298US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroyuki IIDA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PAIRING APPARATUS, METHOD, AND PROGRAM

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	7 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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			TOTAL	\$790.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$790.00** to cover the filing fee is enclosed.
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Respectfully Submitted,

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